



# APPLICATION FOR EMPLOYMENT DATE: \_\_\_\_\_

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE - APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name: \_\_\_\_\_  
Last First Middle Maiden

Present address: \_\_\_\_\_  
Number Street City State Zip

How long: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ If under 18, please list age: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Days / hours available to work  
and salary desired: \_\_\_\_\_ No Pref: \_\_\_\_\_ Thur: \_\_\_\_\_  
(Be specific) Mon: \_\_\_\_\_ Fri: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Tue: \_\_\_\_\_ Sat: \_\_\_\_\_

Can you work nights? \_\_\_\_\_ Wed: \_\_\_\_\_ Sun: \_\_\_\_\_

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start working? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Yes  No

If yes, explain number of conviction(s) nature of offense(s) leading to conviction(s) how recently such offense(s) was / were committed, sentence(s) Imposed, and type(s) of rehabilitation: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

**MILITARY:**HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**Work Experience:**Please list your work experience for the past five years beginning with your most recent job held.If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer, Address, City, State, Zip	Name of Supervisor:	Employment dates From: To:
	Your last job title:	Pay or salary Start: Final:
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:		

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	Your last job title:	Pay or salary Start: Final:
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Name of Employer, Address, City, State, Zip	Name of Supervisor:	Employment dates From: To:
	Your last job title:	Pay or salary Start: Final:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact your present employer?  Yes  No

If no why? \_\_\_\_\_

Did you complete this application yourself?  Yes  No

If not who did? \_\_\_\_\_

**PLEASE READ CAREFULLY**  
**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Action Cooling & Healing, Inc. (hereinafter called the Company), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like, as they may exist from time to time, or other Company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Action Cooling & Healing, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / Owners of the Company. Both the undersigned and Action Cooling & Healing, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that this representation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I understand that in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.